

No 25

15

On Hepatitis.

By T. Atkinson M.D.  
Lond. March 19<sup>th</sup> 1817

Thomas P. Atkinson

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By the laws of the university of Pennsylvania, every candidate for the degree of Doctor of Medicine, is compelled to prepare a dissertation on some medical subject, to be submitted to the examination of the trustees and professors of that institution.

This circumstance alone induces me to write the following treatise on inflammation of the Liver, a disease, which from its frequency of occurrence in the Southern States, should particularly engage the attention of the physician who expects to better in that part of our country, and who in all probability will have the lives of many who are afflicted with it intrusted to his care.

The ability with which this subject has so often been handled by men of far greater talents and experience than myself, precludes the hope of my offering any thing original on it.

Hepatitis is placed by Dr Cullen and other nosological writers, in the class Pyrexia, and under

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Phlegmasia; it is of two species, the acute and chronic. The first of these may be distinguished by an acute pain in the right Hypochondrium, which is increased by pressure, and extends to the shoulder and clavicle of the affected side; breathing is performed with difficulty, the patient is frequently harassed by a distressing cough, and when lying on his left side, complains of a severe pain in the right. This is caused by the enlargement of the Liver, and a more than usual weight suspended by the ligaments which keep it in its natural position.

Adhesions are frequently formed between the convex surface of that viscus, and the parietes of the abdomen, these adhesions are torn when the body is turned on the left side, and thereby become an additional source of pain. The manner in which this takes place may be readily understood by a person acquainted with the anatomy of the parts, and with their relative situation in the abdominal cavity. Sick and vomiting of bile, are frequent attendants, the skin is dry and hot, the tongue white or yellow.

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and parched, the appetite is destroyed, the thirst is very much increased, the urine is of a deep yellow colour, the bowels are generally inactive, and the pulse is frequent, hard and strong. When the disease has continued several days the skin and eyes sometimes become yellow as in jaundice.

To the above symptoms ~~is~~ <sup>often</sup> added a painful affection of the muscles on the <sup>sides</sup> of the neck; this I am told by one of the most respectable practitioners in the state of Virginia, has very generally accompanied those cases which have fallen under his own immediate care. He has himself had several attacks of the disease, and he assures me that he invariably experienced, the disagreeable sensation of which I have spoken.

Utterly unable to account for the fact, I was at first disposed to consider it as accidental, depending probably on a rheumatic state of the parts. but on reflection it may be as satisfactorily explained, as the pain in the shoulder which is said to occur by all authors as a pathognomonic symptom of the disease. Both are involved in obscurity and we can do no better, than to refer them to that law of the animal economy, termed sympathy.

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In the chronic species the symptoms are less violent, the liver is generally considerably enlarged and can be felt projecting below the margin of the thorax. I have seen it more than once occupying the Epigastrie and nearly all of the left Hypochondriac regions.

The pain is more of the obtuse kind, and the yellowness of the skin and eyes is to be met with often than in the acute. Sometimes there is an absence of all these symptoms, or they are so slight as to be unobserved, and the disease is not known to have existed untill death, when on dissection large abscesses have been found the consequence almost <sup>always</sup> of previous inflammation.

In senescent persons who have died of Hepatitis, of the chronic kind, the whole of the liver except the large blood vessels, has been absorbed without any symptoms whereby the physician was led to suspect the presence of the disease.

Instances of this kind are by no means infrequent,

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The case of William does not admit of a violent  
attack of chronic inflammation of the liver, depend-  
ing to a great extent on the violent thinning of the  
liver, and the consequent loss of its ability to perform  
its functions, and the consequent accumulation of the  
blood in the liver, and the consequent inflammation  
of the liver.

The principal causes of *Hepatitis* are num-  
erous and the principal among them may be enumerated.  
Fever, injury of the head, violent exercise, intense heat  
in summer, none of these occur often in commercial  
high seasons of food; but in far the most fruitful source  
of the disease in the United States, are, the intem-  
perate use of ardent spirits, and all those causes which  
lead to indigestion, intermittent, and somewhat febrile.

In warm climates (and in summer) the liver is more  
apt to be affected in inflammation than any other  
part of the body. Probably, from the increased secre-  
tion of bile which takes place, when the blood is  
thinned on the internal parts by coction; or from the  
bile becoming rancid, and thereby exciting irritation in  
that organ.

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There is a distinction made between the symptoms, as they occur when the disease reaches the "descent," and of the liver. When it is said "in 20 instances, the pain is said to be of the rib cage and back pain, and the lesions in the right hypochondrium is more admixing."

On the contrary, if there is an acute pain, resembling that of Pleurisy, with extreme difficulty of breathing, and cough or hiccup, we may suspect the concave surface to be affected. If the inflammation reaches that part of the inferior or concave surface which is contiguous to the stomach, it even often extends to that of the lung, and gives rise to saccharine vomiting.

In these instances the matter ~~thence~~ <sup>thence</sup> ~~is~~ <sup>is</sup> ~~the~~ <sup>the</sup> ~~source~~ <sup>source</sup> ~~of~~ <sup>of</sup> the disease is directed to the crack vomit which takes place in the yellow fever.

Mr. Matthews in his valuable treatise on Hepatic diseases and when the symptoms are severe, without any abatement in the right side of the abdomen, with little tension or hardness, yet on pressing the liver, sickness, coughing and hiccuping, it is a certain sign that the inflammation is situated about the inferior

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of the gastric secretions, and that this is a true and necessary  
fact in the history of the disease.

As the disease has been shown to be a local one - let the line  
be drawn in the region next to the disease, and that inflammation  
commences in some of those parts with which  
it is in contact (most commonly the stomach) and is com-  
municated to it by sympathy.

Here I must beg leave to differ from the very respectable  
authority which I have mentioned. That inflammation  
may be extended from the stomach to the diaphragm  
side we admit; but that it very often has its origin  
in the liver & thence runs a abundant supply.

Without adducing other arguments in support of our posi-  
tion, Dissection affords us incontestable evidence; its  
truth. This by examination after death and the true nature  
of disease is to be ascertained.

In dissection the liver has been found much enlarged,  
and inflamed, proternated, &c. and instead of the usual  
mass of liver we find a mass of a red and purple and  
sometimes we have even it reflected <sup>with</sup> the stomach, & we have  
seen it in a state of inflammation & in a state of

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we may readily discover a tumour and fluctuation in the tumour. A severe, pain, increase of heat and throbbing, and in part removing its recognition as a -  
- mation of pass and suppuration in other places. There is diminution of pain, a flushing of the face, an increase of the purging has ceased, the night sweats and other hectic symptoms.

The discharge of the exudate, character is similar according to the seat of the disease. The matter sometimes bursts through the diaphragm and is admitted into the thorax; if suppuration has formed within the chest and lungs, it is in some few instances discharged through the lungs, but in a great majority of cases the lung is suffocated. It occasionally, however, enters the stomach or intestines, and is vomited up or passes in stools.

If the vessel breaks and suppuration has taken place within the surrounding parts, the pus is conveyed directly into the cavity of the abdomen, and produces a suppurative -  
- tion is excited which puts a speedy termination to the existence of the patient.

The disease for which Aphrodisia is most likely to

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one, one situation of others, than, more or less, may  
fall in their name.

In such questions, however, generally, except an  
to effect a resolution, the facility with which a  
-flammation, progress in the time, or its great  
tendency to suppuration, are circumstances which  
should ever be recollected, and remain that the most  
valuable assisting remedies should be early and exten-  
sively employed. Among these, resorption is by far the most  
valuable; indeed the lancet is the ruler of life, and must  
never to be laid aside until no inflammation is left.  
Besides directly assisting the power of the circulation, it  
prepares the system for the administration of those medi-  
-cines which are to succeed it, for I am convinced, that  
that the most drastic purgatives cannot be made to produce  
an evacuation until bloodletting is employed to remove  
the <sup>gross</sup> ~~gross~~ of the vessels.

Some writers on this subject  
have told us to bleed after the supuration of the  
fourth day of the disease; this I think is an unnecessary  
and improper direction, and one, which, if attended to

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might be productive of a violent hemorrhage or mischief  
in practice. In the treatment of this disease, as in  
every other disease, we are carefully to adapt our  
remedies to the circumstances of each particular  
case, and as long as those symptoms are present  
which indicate the necessity of venesection, we are  
fearlessly and boldly to employ it, without regard to  
the number of days or weeks which the disease has  
continued. We are therefore not to be guided as to  
any single direction as to the quantity of blood to be  
drawn; this should only be regulated by the degree  
of inflammation and the strength of the patient.  
The discretion of the practitioner is to determine to what  
extent it is required.

Venesection is to be succeeded  
by the liberal use of purgative medicines of this I  
should give the decided preference to large doses of  
calomel, often repeated and alternated with purga-  
tions of the neutral salts. The common use in  
which calomel is administered is in small doses, entirely  
too small to produce that powerful inductive

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To obtain a complete evacuation of the alimentary canal, I would give 20 grains; after which a solution of the Sulph. Soda or Magnesia mixed with sweet property is directed. These should be repeated at such intervals as to excite an artificial diarrhoea, which may be continued as long as the urgency of the case may demand.

Topical. bleeding, & the application of leeches, plasters, or Leeches over the affected part, with a sanguineous discharge; these some practitioners have been somewhat inclined to in cases of this mode of exhibition, as to confine it to the entire excision of hemorrhoids. This practice may be correct in cases where the pain and inflammation moderate, or which succeed some continued enteritis without remission of fever; but when the inflammation of the liver is the primary disease in the patient is not in a very violent state, we should not hesitate to use the Caustic Glyster.

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commenced in strong terms, the practice of taking blood  
from a large orifice in inflammatory diseases.  
It is true (they say) that from a small orifice an equal  
quantity may be drawn as from a large one; but  
the time of its flowing is so long that the toxicæa (or  
effusion) which demands for its relief a sudden impression  
on the system is not much influenced by it, though the  
general strength is greatly reduced, which is an accu-  
sation to be avoided as much as possible, in a disease  
that requires repeated evacuations.

By some, the digitalis purpurea has been acted on as  
a valuable medicine in Hepatitis. I could mention no small  
doses for its use, but am rather inclined to attri-  
bute the good effects which have been supposed to be  
derived from it entirely to the other means which were  
employed at the same time.

When the inflammatory  
symptoms have been somewhat reduced by the active  
administration of the more diffusing remedies, we  
should apply a large Blister over the Liver, the dis-  
charge from which is to be continued for some conside-

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table time. If it is disposed to heal too soon it has  
been recommended to keep it open by the application of  
a succession of Blisters rather than of any stimulating  
ointment. With a view to excite a gentle reaction  
in the system the antimonial powder, Istius cura  
to give them in such doses, and at such intervals, as  
to produce nausea only.

As long as there is a possibility  
of effecting a resolution, we should persevere in the anti-  
phlogistic regimen; and as a very important part of this  
plan of treatment, strict attention is to be paid to the pa-  
tient's diet. He should be nourished during the intermission  
of any stage of the disease by liquid nourishment, and an  
intermittent diet. Animal Food and  
Spirit, of every sort, should be most positively prohi-  
bited.

It is sometimes necessary in the acute  
inflammation of the liver to excite ptyalism; this may  
be done by the internal use of small quantities of calo-  
mel, and by means of Mercurial frictions. In some  
cases the disease readily submits to a short salivation,  
but generally it is necessary to continue it for several weeks.





When, as is sometimes the case, attempts to obtain a  
resolution prove abortive, and we perceive that the  
disease will inevitably terminate in suppuration,  
we are to encourage the formation of the abscess  
by the application of warm fomentations to the  
=66 part; and during the suppurative stage the patient's  
strength is to be supported by a more generous diet, than  
has previously been administered; with the addition, if  
necessary of 'madeira wine'. At this stage of the disease,  
it has been recommended to employ the Peruvian Bark  
in the quantity of ℥ss. ʒj in the course of the day.

Our chief object now, is to effect a  
discharge of the contents of the abscess by an incision, or  
=67 ing, and as soon as this formation should without delay  
make an incision into it.

In chronic suppuration the  
practice is a little different from that which is resorted  
to in the acute. Copious venesection is not so easily  
indicated, but here too, the quantity of blood drawn should  
be proportioned to the violence of the inflammation  
action, and to the strength of the patient.

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In this form of the disease Mercury is undoubtedly the most effectual remedy with which we are at present acquainted, and is to be administered so as to induce an early pygalism. My confidence in the powers of this medicine in the treatment of chronic inflammation of the liver is such, that I never would discharge a patient as radically cured of the disease until his salivary glands became affected.

As an auxiliary to Mercury, and to support the system under its operation, the Nitric Acid has been given with evident benefit. It is used by the Eclectic practitioners in all chronic affections of the liver, and is highly spoken of by them.

The quantity in which they generally give it, is  $\mathfrak{z}\mathfrak{i}\mathfrak{j}$  or  $\mathfrak{z}\mathfrak{i}\mathfrak{j}$  in 24 hours, in doses of 15 or 20 drops, frequently diluted with water, mucilage or syrup.

Much is to be expected from the use of blisters in every form of the disease, but of all the remedies adapted to protracted cases (next to Mercury) the preference is decidedly due to Iodine. To obtain this full effect, they should be kept open for a long time.

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I have now finished my observations on  
inflammation of the liver, but I should do great injustice  
to my own feelings as well as to the merits of the different  
professors of the institution which I am about to leave, were  
I to close this dissertation, without returning them my  
most sincere thanks for the cheerfulness with which (as  
public teachers and as friends) they have at all times  
communicated their useful information.

I shall only  
add my sincere desire that the university of Pennsylv-  
ania may long hold that preeminence over the si-  
milar institutions of our country to which the superior  
qualifications of its professors now so justly entitle it.

